

# INCIDENT PROCESS CHECKLIST

The following steps will help direct your activities in responding to an incident. The steps on the left are intended to guide you through the process. The strategies on the right are suggested steps to follow while conducting the follow-up. Not all strategies will be applicable in every situation. Code the strategies using: **Y** = Yes, **N** = No, and **NA** = Not Applicable.

Response Steps	Strategies
<b>I</b> nsure the safety of the individual.	<input type="checkbox"/> Is the individual safe now? <input type="checkbox"/> Is medical treatment needed or being provided? <input type="checkbox"/> Are further risks evident (fire or safety hazard, lack of adequate shelter, broken equipment, etc.)? <input type="checkbox"/> What interim measures have been taken to protect individuals?
<b>N</b> otify Legally required entities	<input type="checkbox"/> DCBS (if related to abuse, neglect, or exploitation) <input type="checkbox"/> DMR <input type="checkbox"/> Case Manager <input type="checkbox"/> Guardian <input type="checkbox"/> CMHC Crisis Prevention Team (if appropriate)
<b>C</b> heck for completeness of information	<input type="checkbox"/> Have the “who”, “what”, “when”, and “where” questions been answered? <input type="checkbox"/> Are the incident codes checked consistent with the information and circumstances reported? <input type="checkbox"/> What may have contributed to the incident? <input type="checkbox"/> What aspects of the incident need further exploration?
<b>I</b> nquire into inconsistencies	<input type="checkbox"/> Are there unanswered questions about the incident? <input type="checkbox"/> When there are multiple reporters (family, individual, staff member(s)), do reporting conflict exist. <input type="checkbox"/> What additional information is needed to clarify these conflicts?
<b>D</b> ocument Details	<input type="checkbox"/> Has the incident report been completed? <input type="checkbox"/> Has the individual’s crisis prevention plan, support plan or other documents been changed, if needed? <input type="checkbox"/> How were these changes communicated to staff?
<b>E</b> xplore causes of the incident	<input type="checkbox"/> Have all “why” questions been answered? <input type="checkbox"/> Has the individual had other related incidents? <input type="checkbox"/> Should others be involved in analyzing this incident (e.g. nurse, PT, behavior specialist) <input type="checkbox"/> Have significant changes in the person’s life been explored? <input type="checkbox"/> Have some preventative actions already been implemented? <input type="checkbox"/> What is the status of the preventative action? <input type="checkbox"/> Has long-range planning been conducted to eliminate or minimize risk to this individual or others?
<b>N</b> ote additions or corrections to the incident report	<input type="checkbox"/> Are any updates needed to the incident report?
<b>T</b> rack incident for follow-up and completion	<input type="checkbox"/> How will follow-up actions be tracked to ensure that they are completed on time? <input type="checkbox"/> How will the effectiveness of preventative actions be determined? By Whom? Who will monitor implementation?

